



**West Virginia
Hospital Data Submission System**

***Data Element
Specifications Guide***

West Virginia Hospital Association

January 2020

Introduction

The West Virginia Hospital Data Submission System (HDSS) collects, processes, and analyzes inpatient and outpatient discharge data that are collected by the West Virginia Health Care Authority (WVHCA). This Guide outlines specifications for the data elements that are required to be submitted to the WVHCA/WVDHHR by all non-federal hospitals in the state. The table below defines the information that is contained in the data element tables presented in this Guide.

Refer to the *Data Collection Policies and Procedures* guide for hospital inpatient data reporting requirements. Additional technical documents are available to provide specific details regarding the data file layout and submission procedures. All data reporting and technical documentation can be accessed from the WVHCA website (<http://www.hca.wv.gov/fdhome/HosplnpatientData>) or from the Hospital Data Submission System (HDSS) (<https://www.hidionline.com/HIDINetV3/>).

Data Element Specification Table Layout

Data Element Name

Description	A description or definition of the data element.
837i Guide	WVHDSS File Specifications 837i Companion Guide corresponding page number
UB-04 Element	Reference to the UB-04 Form Locator.
HDSS Field	Name of the data element as it appears in the West Virginia Hospital Data Submission System.
Format & Valid Codes	A description of the required format and accepted codes.
Edit Check Errors & Warnings	A list of the errors and/or warnings that may appear in the Hospital Data Submission System as a result of the edits checks performed on the data element. Fatal errors on inpatient records must be corrected before data may be considered complete. Outpatient records are considered complete and do not require corrections if overall fatal error rate is less than 5%.
Notes	Any special data submission or processing notes related to the data element.

Alphabetical Index of Data Elements

This table presents an alphabetical list of the data elements, their abbreviated field name in the Hospital Data Submission System (HDSS), and the page number of the corresponding data element specifications table in this Guide.

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Admission Date & Time

Description	Date & Time of admission to hospital
837i Guide	Page 3
UB-04 Element	FL 12 & 13
HDSS Field	Admit Date
Format & Valid Codes	Date formatted as specified in the <i>WVHDSS File Specifications 837i Companion Guide</i>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 1101 = Admit date is missing (no error on Outpatients) • 1102 = Admit date is invalid • 1103 = Admit date is greater than discharge date
Notes	Admission date is formatted as CCYMMDDHHMM.

Admission Type Code/Priority of Visit

Description	Code indicating the priority (type) of admission
837i Guide	Page 3
UB-04 Element	FL 14
HDSS Field	Admit Type
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 2801 = Priority of visit is missing • 2802 = Priority of visit is invalid • 2805 = Priority of visit newborn, birthdate prior to Admit date
Notes	<ol style="list-style-type: none"> 1. For births occurring in the hospital, the admission type should be coded as '4.' This code requires the use of the newborn codes for source of admission. 2. In accordance with <i>WVHCA Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers.

Admit from Emergency Room Condition Code

Description	Code indicating patient admitted directly from facility's Emergency Room/Dept. (Inpatient only)
837i Guide	Page 3
UB-04 Element	FL 18-28
HDSS Field	Condition Code
Format & Valid Codes	Submit a "P7" per NUBC Official UB-04 Data Specifications if the patient was admitted as an inpatient directly from the emergency room/department.
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 7102 = Condition code is invalid (Inpatient Only) • 7103 = Condition code P7 reported, no 45x revenue code reported (Inpatient Only)
Notes	

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Admitting Diagnosis Code

Description	Code indicating the diagnosis at the time of admission (Inpatient only)
837i Guide	Page 3
UB-04 Element	FL 69
HDSS Field	Admit Diagnosis
Format & Valid Codes	ICD-10-CM Codes
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 4501 = Admit DX is missing (Inpatient only)• 4502 = Admit DX is invalid (Inpatient only)
Notes	

Auto Accident State Code

Description	State abbreviation code where the auto accident occurred
837i Guide	Page 3
UB-04 Element	FL 29
HDSS Field	Acc. State
Format & Valid Codes	Two-digit state abbreviation
Edit Check <i>Fatal Errors</i>	
Notes	Required when the services reported on the claim are related to an auto accident.

Bill Type Code

Description	Code indicating the specific type of bill
837i Guide	Page 3
UB-04 Element	FL 04
HDSS Field	Bill Type
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications. All Hospital Inpatient and Outpatient visits should be reported EXCEPT skilled nursing and long-term care discharges.
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 4101 = Bill type is missing• 4102 = Bill type is invalid
Notes	The 837 format requires the bill type code to be submitted in two fields. It is displayed as one field in the HDSS.

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External Cause of Injury Code

Description	Code pertaining to external cause of injuries, poisoning, or adverse effect
837i Guide	Page 4
UB-04 Element	FL 72a-c
HDSS Field	Diagnosis Codes – ECM Code
Format & Valid Codes	ICD-10-CM Codes
Edit Check <i>Fatal Errors</i>	
Notes	<ul style="list-style-type: none"> Required when an injury, poisoning, or adverse effect is the cause for seeking medical treatment.

External Cause of Injury POA Code

Description	Code indicating present on admission status of external cause of injuries, poisoning, or adverse effect
837i Element	Page 5
UB-04 Element	FL 72a-c
HDSS Field	EPOA
Format & Valid Codes	<p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-10-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Present at the time of inpatient admission)</p> <p>N = No (Not present at the time of inpatient admission)</p> <p>U = No information in the record (Documentation is insufficient to determine if condition was present on admission or not)</p> <p>W = Clinically Undetermined (Provider is unable to clinically determine whether condition was present on admission or not)</p> <p>Blank/null = Unreported/not used (Exempt from POA reporting)</p>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> 5002 = ECM POA is invalid (Inpatient only)
Notes	Per ICD-10-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information to the WVHCA.

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HCPCS/CPT Code

Description	Code used to represent medical procedures and services provided
837i Guide	Page 4
UB-04 Element	FL 44
HDSS Field	Revenue Codes - HCPCS
Format & Valid Codes	HCPCS
Edit Check <i>Fatal Errors</i>	
Notes	<ol style="list-style-type: none"> 1. Healthcare Common Procedure Coding System (HCPCS) is a set of health care procedure codes based on CPT (Current Procedural Terminology). 2. Required in outpatient records only

Medical Record Number

Description	Number assigned to the patient's medical/health record by the provider
837i Guide	Page 4
UB-04 Element	FL 03b
HDSS Field	Medical Record Number
Format & Valid Codes	No standard format required
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 301 = Medical record number is missing
Notes	The patient control number identifies a single episode of care; the medical record number identifies a patient across multiple episodes of care.

Medicare Provider Number (CMS Certification Number/PTAN)

Description	Medicare provider identification number indicating the type of service (Inpatient only)
837i Guide	Page 4
UB-04 Element	N/A
HDSS Field	Medicare No.
Format & Valid Codes	Six-digit Medicare certification number issued by CMS specific to type of hospital service/unit including: Acute Critical Access Long Term Acute Care Rehabilitation Psychiatric Swing
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 6001 = Medicare number is missing (Inpatient only) • 6002 = Medicare number is invalid (Inpatient only) • 6003 = Medicare number doesn't match bill type (Inpatient only)
Notes	This number is assigned by the Centers for Medicare & Medicaid Services (CMS) Division of Survey & Certifications.

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NPI Attending Physician

Description	Unique national provider identification number assigned to the attending provider
837i Guide	Page 4
UB-04 Element	FL 76
HDSS Field	Attending
Format & Valid Codes	10-character National Provider Identifier
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 2601 = Attending physician missing
Notes	The attending provider is the individual who had overall responsibility for the patient's medical care and treatment reported in the claim.

NPI Billing Provider

Description	Unique national provider identification number assigned to the provider submitting the bill
837i Guide	Page 4
UB-04 Element	FL 56
HDSS Field	NPI
Format & Valid Codes	10-character National Provider Identifier
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 6301 = Facility NPI is missing• 6302 = Facility NPI is invalid• 6303 = Facility NPI is not on file
Notes	

NPI Operating Physician

Description	Unique national provider identification number assigned to the operating physician
837i Guide	Page 4
UB-04 Element	FL 77
HDSS Field	Operating
Format & Valid Codes	10-character National Provider Identifier
Edit Check <i>Fatal Errors</i>	
Notes	The operating physician is the individual with the primary responsibility for performing the surgical procedure(s).

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NPI Other Physician(s) (Includes Rendering Provider)

Description	Unique national provider identification number assigned to other physicians involved in care
837i Guide	Page 4, 5
UB-04 Element	FL 78, FL 79
HDSS Field	NPI_OTH1, NPI_OTH2, NPI_REND
Format & Valid Codes	10-character National Provider Identifier
Edit Check <i>Fatal Errors</i>	
Notes	NPIs for two additional physicians can be submitted.

Other Diagnosis Code(s)

Description	Codes corresponding to additional/secondary conditions related to the admission
837i Guide	Page 4
UB-04 Element	FL 67A-Q
HDSS Field	Diagnosis Codes – Diagnosis Code (not listed first)
Format & Valid Codes	ICD-10-CM Diagnosis Codes
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 1504 = Other DX is invalid• 1522 = Other DX is duplicated of principal DX• 1523 = Duplicate secondary diagnosis reported
Notes	<ol style="list-style-type: none">1. Report additional conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay.2. Up to 24 secondary diagnosis codes can be submitted.

Other Procedure Code(s)

Description	Codes identifying additional significant procedures performed during the service period
837i Guide	Page 6
UB-04 Element	FL 74a-e
HDSS Field	Procedure Codes – Procedure Code (not listed first)
Format & Valid Codes	ICD-10-CM Procedure Codes
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 1603 = Other PX is invalid• 1607 = Other PX date, but no other PX
Notes	Report all (up to 12) additional procedures that were most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

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Other Procedure Dates

Description	Dates corresponding to other procedure codes
837i Guide	Page 7
UB-04 Element	FL 74 a-e
HDSS Field	Procedure Codes – Procedure Date (not listed first)
Format & Valid Codes	Dates formatted as specified in the <i>WVHDSS File Specifications 837i Companion Guide</i>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 1702 = Other PX date is missing• 1708 = Other PX date is not between stmt from date and discharge date (Inpatient only)
Notes	

Patient Address Line

Description	Patient address line, street address or PO Box
837i Guide	Page 5
UB-04 Element	FL 09
HDSS Field	Address
Format & Valid Codes	Submit street address per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	

Patient Birth Date

Description	Date of birth of the patient
837i Guide	Page 5
UB-04 Element	FL 10
HDSS Field	Birth Date
Format & Valid Codes	Date formatted as YYYYMMDD
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 701 = Birthdate is invalid• 702 = Birthdate is missing• 703 = Birthdate is greater than Admit date• 2805 = Priority of visit newborn, birthdate prior to Admit date
Notes	

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Patient City Name

Description	Patient address line, city name
837i Guide	Page 5
UB-04 Element	FL 09
HDSS Field	City
Format & Valid Codes	Submit city name per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient Control Number

Description	Unique identification number assigned to each discharge
837i Guide	Page 5
UB-04 Element	FL 03a
HDSS Field	Patient Control Number
Format & Valid Codes	No standard format required. However, the patient control number is used as the record key and if it is missing the record will be skipped and not counted.
Edit Check <i>Fatal Errors</i>	
Notes	The patient control number must be unique to each discharge

Patient First Name

Description	First name of the patient
837i Guide	Page 5
UB-04 Element	FL 08
HDSS Field	First Name
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	

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Patient Last Name

Description	Last name of the patient
837i Guide	Page 5
UB-04 Element	FL 08
HDSS Field	Last Name
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	

Patient Gender Code

Description	Sex of the patient as recorded at admission
837i Guide	Page 5
UB-04 Element	FL 11
HDSS Field	Sex
Format & Valid Codes	M = Male F = Female U = Unknown
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 501 = Sex is invalid• 502 = Sex is missing
Notes	

Patient Name Suffix

Description	Patient name suffix
837i Guide	Page 5
UB-04 Element	FL 08
HDSS Field	Suffix
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	

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Patient Race & Ethnicity Code

Description	Race and ethnicity as reported by the patient
837i Guide	Page 5
UB-04 Element	N/A
HDSS Field	Race
Format & Valid Codes	Submit WVHCA valid codes as outlined below. 1 = White and Non-Hispanic 2 = White and Hispanic/Latino 3 = White and Unknown Ethnicity 4 = Black and Non-Hispanic 5 = Black and Hispanic/Latino 6 = Black and Unknown Ethnicity 7 = Asian 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native M = Multiple Races and Non-Hispanic R = Multiple Races and Hispanic/Latino S = Multiple Races and Unknown Ethnicity T = Unknown Race and Hispanic/Latino Y = Other U = Unknown
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 601 = Race is invalid • 602 = Race is missing
Notes	New race and ethnicity codes were required with the implementation of the WVHCA 837i 4010 file format. They are continued with the 837i 5010 file format.

Patient State

Description	Patient address line, state abbreviation
837i Guide	Page 6
UB-04 Element	FL 09
HDSS Field	State
Format & Valid Codes	Submit state per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	
Notes	

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Patient (Discharge) Status Code

Description	Code indicating the status of the patient at the end of the service period covered on this bill
837i Guide	Page 6
UB-04 Element	FL 17
HDSS Field	Discharge Status
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 1001 = Patient disposition is invalid• 1002 = Patient disposition is missing• 1003 = Patient disposition is invalid for inpatient (Inpatient only)
Notes	

Patient Zip Code

Description	Zip code where the patient resides
837i Guide	Page 6
UB-04 Element	FL 09 subset
HDSS Field	Zip
Format & Valid Codes	Five-digit postal zip code
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 2001 = Zip code is missing• 2002 = Zip code is invalid
Notes	

Payer Code(s)

Description	Codes indicating the primary, secondary, and tertiary payers billed for the service
837i Guide	Page 6
UB-04 Element	FL 50
HDSS Field	Payers - Code
Format & Valid Codes	Submit WVHCA payer codes as defined in the <i>WVHCA Payer Coding Specifications</i>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none">• 401 = Primary payer is invalid• 402 = Primary payer is missing• 403 = Payer is invalid
Notes	Secondary and tertiary payer codes are required to be submitted when other payers are known to potentially be involved in paying the claim.

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Point of Origin (Admission Source Code)

Description	Code indicating the point of patient origin for the admission
837i Guide	Page 6
UB-04 Element	FL 15
HDSS Field	Admit Source
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 2201 = Point of origin is missing • 2202 = Point of origin is invalid • 2203 = Point of origin is invalid for newborn
Notes	In accordance with WVHCA <i>Data Collection Policies and Procedures</i> , separate discharge records should be submitted for newborns and mothers. If Admit Type = 4 then Admit Source must be 5 or 6.

Present on Admission (POA) Code(s)

Description	Present on admission code corresponding to a diagnosis code (Inpatient only)
837i Guide	Page 6
UB-04 Element	FL 67, FL67 A-Q
HDSS Field	Diagnosis Codes - POA
Format & Valid Codes	<p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-10-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Present at the time of inpatient admission)</p> <p>N = No (Not present at the time of inpatient admission)</p> <p>U = No information in the record (Documentation is insufficient to determine if condition was present on admission or not)</p> <p>W = Clinically Undetermined (Provider is unable to clinically determine whether condition was present on admission or not)</p> <p>Blank/null = Unreported/not used (Exempt from POA reporting)</p>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 1301 = Principal DX POA is missing (Inpatient only) • 1302 = Principal DX POA is invalid (Inpatient only) • 1304 = Other DX POA is missing (Inpatient only) • 1305 = Other DX POA is invalid (Inpatient only) • 1309 = Principal DX POA is invalid, DX code exempt (Inpatient only) • 1310 = Other DX POA is invalid, DX code exempt (Inpatient only)
Notes	Per ICD-10-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information.

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Principal Diagnosis Code

Description	Code indicating the condition determined to be chiefly responsible for the admission
837i Guide	Page 4
UB-04 Element	FL 67
HDSS Field	Diagnosis Codes – Diagnosis Code (listed first)
Format & Valid Codes	ICD-10-CM Diagnosis Codes
Edit Check Fatal Errors	<ul style="list-style-type: none">• 1501 = Principal DX missing• 1502 = Principal Dx invalid• 1505 = ECM code is invalid as principal DX
Notes	

Principal Procedure Code

Description	Code identifying the inpatient principal procedure performed during the service period
837i Guide	Page 6
UB-04 Element	FL 74
HDSS Field	Procedure Codes – Procedure Code (listed first)
Format & Valid Codes	ICD-10-CM Procedure Codes
Edit Check Fatal Errors	<ul style="list-style-type: none">• 1602 = Principal PX is invalid• 1606 = Principal PX date, but no principal PX
Notes	<ul style="list-style-type: none">• Required when a procedure was performed.

Principal Procedure Date

Description	Date corresponding to the principal procedure code
837i Guide	Page 7
UB-04 Element	FL 74
HDSS Field	Procedure Codes – Procedure Date (listed first)
Format & Valid Codes	Dates formatted as specified in the <i>WVHDSS File Specifications 837i Companion Guide</i>
Edit Check Fatal Errors	<ul style="list-style-type: none">• 1701 = Principal PX date is missing• 1707 = Principal PX date is not between stmt from date and discharge date (Inpatient only)
Notes	

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Revenue Codes

Description	Codes identifying specific accommodation and ancillary services provided
837i Guide	Page 7
UB-04 Element	FL 42
HDSS Field	Revenue Codes - Code
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 3701 = Revenue code is missing • 3702 = Revenue code is invalid • 3711 = More than 999 revenue line items
Notes	A maximum of 999 revenue codes and corresponding units/charges may be submitted.

Revenue Units

Description	Service quantity pertaining to the corresponding revenue code
837i Guide	Page 7
UB-04 Element	FL 46
HDSS Field	Revenue Codes – Units
Format & Valid Codes	Number of units
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 3801 = Revenue units missing • 3802 = Revenue units non-numeric • 3803 = Revenue units are negative
Notes	A maximum of 999 revenue codes and corresponding units/charges may be submitted.

Revenue Charges

Description	Total charges pertaining to the corresponding revenue code
837i Guide	Page 7
UB-04 Element	FL 47
HDSS Field	Revenue Code - Charge
Format & Valid Codes	Dollar amount – 15-character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 3901 = Revenue charge is missing • 3903 = Revenue charge is <0 or >Total Charges
Notes	A maximum of 999 revenue codes and corresponding units/charges may be submitted.

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Social Security Number

Description	Patient social security number (Inpatient only)
837i Guide	Page 6
UB-04 Element	N/A
HDSS Field	SSN
Format & Valid Codes	Submit social security number with no spaces or dashes.
Edit Check <i>Fatal Errors</i>	
Notes	If unknown, put 999999999

Statement Coverage Dates

Description	Dates of the service period included on the bill
837i Guide	Page 7
UB-04 Element	FL 06
HDSS Fields	Statement from Date Statement thru (Discharge) Date
Format & Valid Codes	Dates formatted as specified in the <i>WVHDDS File Specifications 837i Companion Guide</i>
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 201 = Discharge date is invalid • 202 = Discharge date is missing • 203 = Discharge date is prior to Admit date (Inpatient only) • 205 = Discharge date is greater than current date • 1101 = Admit date is missing (Inpatient only) • 1102 = Admit date is invalid • 1103 = Admit date is greater than discharge date • 5201 = Statement from date is missing • 5203 = Statement from date is prior to admit date by >3 days (Inpatient only) • 5205 = Statement from date is after statement through date
Notes	The 837 format requires the statement coverage dates to be submitted as one field. They are displayed as two fields in the HDSS.

Total Claim Charges

Description	Total charges billed for the services included on the bill
837i Guide	Page 7
UB-04 Element	N/A
HDSS Field	Total Charges
Format & Valid Codes	Dollar amount – 15-character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount.
Edit Check <i>Fatal Errors</i>	<ul style="list-style-type: none"> • 2501 = Total charges revenue code missing • 2508 = Total charges more than +5% of line item total (Inpatient only)
Notes	The charge amount submitted in this field will be presented in the HDSS as the Total Claim Charges (TCHG).